UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

mindre, so in

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: 8 12 05 2 Serial/Patent # 40/529512				
3 Please refund the following fee(s):	4 PAF		5 DATE FILED	6 AMOUNT
Filing				\$
Amendment				\$
Extension of Time				\$
Notice of Appeal/Appeal				\$
Petition				\$
Issue				\$
Cert of Correction/Terminal Disc.				\$
Maintenance				\$
Assignment				\$
Other				\$
	7 TOTAL AMOUNT S NO. SO			\$100.£
	8 TO BE REFUNDED BY:			BY:
10 REASON:		Treasury Check		
Overpayment			redit Depo	osit A/C #:
Duplicate Payment		9		
No Fee Due (Explanation):				
	_			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME:		ı	TITLE:	·
SIGNATURE:	PHONE:			
OFFICE: 88/15/2665 BCAHPBEL Refund Ref: 68/36624477				
THIS SPACE RESERVED FOR TIMANCE USE ONLY:				
APPROVED:	Cred DATE		d Refund Total:	\$100.00
Am Exp: XXXXXXXXXXX008				

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

PORM PTO 1577 (01/90)